KanCare Update to Robert G. (Bob) Bethell
KanCare Oversight

April 23, 2018
Agenda

• Eligibility Update

• KanCare Program Updates

• KanCare Meaningful Measures Collaborative

• Dashboards and Analytics

• Opioid Epidemic and Antipsychotic Use in Nursing Homes
Eligibility Updates
Eligibility Activities

• Maximus informed of non-compliance by Department of Administration on 1/30/2018

• Daily calls with Maximus clearinghouse management

• Weekly meetings with Maximus leadership

• Reviewing of current policies and regulations (Federal, Legislative, and Agency)

• Future Planning – Options and Decision Process

• Requesting 25 eligibility positions – HCBS / Outreach
Family Medical Progress

Family Medical Applications and Reviews > 45 Days

5  Our Mission: To protect and improve the health and environment of all Kansans.
Elderly and Disabled Progress

Our Mission: To protect and improve the health and environment of all Kansans.

Elderly and Disabled Applications and Reviews > 45 Days

<table>
<thead>
<tr>
<th>Month</th>
<th>Elderly &amp; Disabled Active</th>
<th>Elderly &amp; Disabled Pended</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2086</td>
<td>768</td>
</tr>
<tr>
<td>February</td>
<td>3383</td>
<td>795</td>
</tr>
<tr>
<td>March</td>
<td>3197</td>
<td>1053</td>
</tr>
</tbody>
</table>

- Elderly & Disabled Active
- Elderly & Disabled Pended
- Elderly & Disabled Applications
- Elderly & Disabled Reviews

KanCare
Our Mission: To protect and improve the health and environment of all Kansans.
Liaison Program Expansion

Status Update

March 2018: +67 facilities
April 2018: +53 facilities*
Total: 360 facilities

*Final large-scale onboarding

Overview

- Each Nursing Facility (NF) is assigned a specific ‘pod’ of approximately 7 Eligibility Specialists. Each pod is dedicated to working with an average of 60 NFs to process those facilities’ cases and provide more personalized assistance.
- Pods are supported by Lead Eligibility Specialists, and Supervisors, and dedicated Quality, Training, and Administrative Staff.
- Total number of staff supporting Liaison is 46 workers.

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Eligibility Innovations

• Artificial Intelligence / BOTS technology

• Objective Arts Meeting (4/24)

• Document Upload for Nursing Facilities

• Nursing Home Newsletter Modifications

• Testing ‘Pods’ in Elderly and Disabled processing

• Nursing Home Survey (January, April)
Nursing Home Survey Results

January Results

75% report work is completed quicker with the Liaison program

73% report increased satisfaction with the Clearinghouse as a result of being in the Liaison program

61% report speaking to Liaison 1 or more times each week

66% report emailing with Liaison program one or more times a week

72% report Liaison is either extremely responsive or very responsive to their concerns
KanCare Program Updates
1115 Waiver Application Timeline

- **Public Notice process**
  - *October 27 – November 26, 2017*

- **KanCare 1.x application submitted to CMS**
  - *December 20, 2017*

- **CMS accepted application**
  - *December 28, 2017*

  Continue to work with Stakeholders and Legislative Representatives and negotiate standard terms and conditions with CMS

- **KanCare 1.x begins**
  - *January 1, 2019*
KanCare 1115 Waiver Hypotheses

1. Value based reimbursement models will further integrate physical and behavioral health services

2. Increasing employment / independent living supports will help people become more independent

3. Use of telehealth will enhance access to care in rural, semi-rural and underserved areas

4. Removing payment barriers for services provided in IMDs will result in improved access to services and better health outcomes
KanCare 1.x RFP

- Technical Review Completed
- Cost Proposal Review Completed
- Meeting with Bidders
KanCare Utilization

- Members are more likely to attend their appointments; Transportation up 55%.

- Costly inpatient hospital stays have been reduced by 22%.

- Emergency Room use down by 9%.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>% Utilization Difference</th>
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<tbody>
<tr>
<td>Primary Care Physician</td>
<td>0%</td>
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<tr>
<td>Transportation NEMT</td>
<td>55%</td>
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<tr>
<td>Outpatient Non-ER</td>
<td>-13%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>-22%</td>
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<tr>
<td>Outpatient ER</td>
<td>-9%</td>
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<tr>
<td>Dental</td>
<td>5%</td>
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<tr>
<td>Pharmacy</td>
<td>-2%</td>
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<tr>
<td>Long Term Care</td>
<td>3%</td>
</tr>
<tr>
<td>Vision</td>
<td>22%</td>
</tr>
<tr>
<td>HCBS Services</td>
<td>2%</td>
</tr>
</tbody>
</table>
KanCare HCBS Waiver Utilization

- Primary Care utilization is up by 17%.

- Inpatient hospital stays have decreased by 14%.

- ER Visits have decreased by 23%.

- Dental services have increased by 42%

<table>
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<td>Outpatient ER</td>
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<tr>
<td>Dental</td>
<td>42%</td>
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<td>Pharmacy</td>
<td>4%</td>
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<tr>
<td>Vision</td>
<td>20%</td>
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<tr>
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<td>2%</td>
</tr>
</tbody>
</table>

SED, DD, PD, FE, Autism, TA, and TBI
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KanCare New Services

Top 3 Services Accessed by Members
*Calendar Year 2018 YTD*

- Adult Dental Services, 1,116
- Disease & Health Living Coaching, 5,497
- CentAccount/Incentive Program, 6,055

Top 3 Services by Expenditures
*Calendar Year 2018 YTD*

- Disease & Health Living Coaching, $68,912
- Adult Dental Services, $120,250
- CentAccount/Incentive Program, $492,036

Since the beginning of KanCare, members have been provided more than $18.2 million dollars in total value of services they did not have access to under old Medicaid at no cost to the state.
## MCO Financial Status Update

**KanCare**

### MCO Profit and Loss per NAIC Filings

December 31, 2017 Compared to December 31, 2016

<table>
<thead>
<tr>
<th></th>
<th>Amerigroup</th>
<th>Sunflower</th>
<th>United</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$986,482,547</td>
<td>$1,114,050,380</td>
<td>$962,742,500</td>
<td>$3,063,275,427</td>
</tr>
<tr>
<td><strong>Total hospital and medical</strong></td>
<td>$898,032,893</td>
<td>$963,202,588</td>
<td>$837,748,100</td>
<td>$2,698,983,581</td>
</tr>
<tr>
<td><strong>Claims adjustments, General Admin., Increase in reserves</strong></td>
<td>$100,859,442</td>
<td>$134,086,175</td>
<td>$1,154,300</td>
<td>$346,489,117</td>
</tr>
<tr>
<td><strong>Net underwriting gain or (loss)</strong></td>
<td>($12,409,788)</td>
<td>$16,761,617</td>
<td>$13,450,100</td>
<td>$17,801,929</td>
</tr>
<tr>
<td><strong>Net income or (loss) after capital gains tax and before all other federal income taxes</strong></td>
<td>($9,371,643)</td>
<td>$18,456,539</td>
<td>$13,450,100</td>
<td>$22,534,996</td>
</tr>
<tr>
<td><strong>Federal and foreign income tax/(benefit)</strong></td>
<td>($2,914,706)</td>
<td>$6,347,759</td>
<td>$3,433,053</td>
<td>$3,433,053</td>
</tr>
<tr>
<td><strong>Add Back Change to Reserves</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Adjusted Net income (loss) - Through December 31, 2017</strong></td>
<td>($6,456,937)</td>
<td>$12,108,780</td>
<td>$13,450,100</td>
<td>$19,101,943</td>
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<tr>
<td><strong>Add Back Change to Reserves</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Net income (loss) - December 31, 2016</strong></td>
<td>$8,916,966</td>
<td>$9,677,302</td>
<td>$46,798,525</td>
<td>$65,392,793</td>
</tr>
<tr>
<td><strong>Adjusted Net income (loss) - Through December 31, 2016</strong></td>
<td>$8,916,966</td>
<td>$9,677,302</td>
<td>$46,798,525</td>
<td>$65,392,793</td>
</tr>
<tr>
<td><strong>Difference from Q4 2016 to Q4 2017</strong></td>
<td>($15,373,903)</td>
<td>$2,431,478</td>
<td>($33,348,425)</td>
<td>($46,290,850)</td>
</tr>
</tbody>
</table>

### Profit Margin (%)

- **Amerigroup**: -0.65%
- **Sunflower**: 1.09%
- **United**: 1.40%
- **Total**: 0.62%
KanCare Corrective Action Plan (CAP) Update

<table>
<thead>
<tr>
<th>Task Area</th>
<th>% of Tasks Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Authority</td>
<td>98%</td>
</tr>
<tr>
<td>Person-Centered Planning</td>
<td>100%</td>
</tr>
<tr>
<td>Provider Access and Network Adequacy</td>
<td>100%</td>
</tr>
<tr>
<td>Participant Protections</td>
<td>83%</td>
</tr>
<tr>
<td>Support for Beneficiaries</td>
<td>100%</td>
</tr>
<tr>
<td>Stakeholder Engagement Process Development</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Overall % of CAP Tasks Complete</strong></td>
<td><strong>96%</strong></td>
</tr>
</tbody>
</table>
Other Updates

**Medicaid Innovation Accelerator Program (Opioids)**
- 1 of 10 states selected
- Team: DHCF, KDADS, Public Health, and IBM

**NAMD-NACHC Workgroup Award**
- 1 of 5 states selected
- DHCF and KAMU

**Foster Care Working Group**
- KDHE, KDADS, and DCF working teams

**Liquidated Damages In Process for Q1/Q2**
- 2 MCOs for reporting inaccuracies
Legislative Consideration

KanCare Advisory Council Recommendations

• Office of the KanCare Ombudsman
• Governor’s Task Force for LTSS Provider Stability

Protected Income Limits

• $727 - $475 - $62
• Last changed 2008: from $716 to $727
• Numerous requests for increases – Legislators and Members
• In statute
KanCare Meaningful Measures Collaborative
KanCare MM Collaborative

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Bethell Committee

KMMC Steering Committee

Resources
- Technical Resources
- Data Resources
- Methodology Experts

Requests

Stakeholders
- Legislators
- State Agencies
- Key Stakeholders
- Facilitation by KHI

Associations
- Advocacy Groups
- KanCare Members

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Staffing and Data and Analytics Update
Staffing

- Medicaid/Public Health Integration
- Health Care Finance Performance Improvement
- Operations/Policy
Data and Analytics Update

- Geographic view of enrollment by county and region
- Darker colors represent higher enrollment
- Real-time access to current and historical data
Data and Analytics Update

Total Paid Claims, Procedure and Average Cost per Service by MCO

- Summary view of services and payments across MCOs
- Average cost per service = Total paid claims / services

Note: Pharmacy is excluded from this report
Data and Analytics Update

Top Health Conditions by Procedure

- Profiles the number of services across population
- Views can be adjusted to represent population categories, age groups or geography
Opioid Epidemic and Nursing Home Antipsychotic Use
Opioid Updates

• The Kansas Medicaid Opioid Products Indicated for Pain Management prior authorization criteria will apply to all patients covered under Kansas Medicaid.

• **Short-Term/Acute Pain Opioid User** (patients who have received opioid prescription(s) for
  (< 90 days in a look back period of 4 months):

  • Limit of 7 day supply of short acting opioid (immediate release formulation). A cumulative 14-day supply is allowed within a 60 day lookback period (must be no more than 7 day supply per prescription)

  • Daily dosing limits cannot exceed the lesser of 90 morphine milligram equivalent (MME) or the Food & Drug Administration (FDA) maximum approved dose.
Opioid Updates

- **Chronic Opioid User** (patients who have received opioid prescription(s) for 
  \( \geq 90 \text{ day in a look back period of 4 months} \)):

  - Prior authorization will be required for all long-acting opioid prescriptions (extended release formulations) and any short-acting opioid prescriptions exceeding the above Short-Term/Acute Pain opioid use criteria.

  - Patients with cancer, sickle cell, or palliative care diagnosis will be **EXEMPT** from the 7-day supply and MME dosing limits.
Opioid Updates

What is morphine equivalent dosing?

Morphine equivalent dosing is a way to translate the dosages of different opioids to have a common standard. This gives the ability to determine how much opioid a patient is taking when taking multiple pain medications. Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.
Medicaid Goals for Reduction of Anti-Psychotic Drug Use in Patients with Dementia

1. Reduction of Antipsychotic Use in the Medicaid LTC population for Non-Dual Eligible Group Ages ≥ 65 yrs.
2. A draft of proposed prior authorization (PA) criteria was presented to the Mental Health Medicaid Advisory Committee (MHMAC) on February 13, 2018.
3. There was general discussion of the concern presented and of needed changes to ensure patient safety.
4. The draft will be reviewed again at the May 8, 2018 meeting followed by more discussion and possible amendments to the criteria, and eventual motions and voting, as standard meeting procedure.
5. Once MHMAC approved, the PA will be proposed to the DUR Board for final approval.
6. Once DUR Board approved, implementation of the PA will require an approved diagnosis for a patient in this LTC population to receive an antipsychotic.
7. Provider Education will take place prior to implementation of the PA.